

AMENDED IN ASSEMBLY JUNE 30, 2004
AMENDED IN ASSEMBLY MAY 24, 2004
AMENDED IN ASSEMBLY MAY 13, 2004
AMENDED IN ASSEMBLY JANUARY 5, 2004
AMENDED IN ASSEMBLY JULY 14, 2003
AMENDED IN SENATE APRIL 29, 2003

SENATE BILL

No. 635

Introduced by Senator Dunn
(Coauthor: Senator Romero)
(Coauthor: Assembly Member Jackson)

February 21, 2003

An act to add *and repeal* Section 76104.1 ~~to~~ of the Government Code, to amend, *repeal, and add* Section 1797.98e of the Health and Safety Code, and to ~~amend Section 42007~~ *add and repeal Section 42007.5* of the Vehicle Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

SB 635, as amended, Dunn. Emergency medical services.

(1) Existing law authorizes each county to establish an emergency medical services fund, funded by specified revenue penalties, and makes money in the fund available for the reimbursement of physicians and surgeons and hospitals for losses incurred in the provision of emergency medical services when payment is not otherwise made for those services.

This bill would, *until January 1, 2007*, authorize Santa Barbara County to collect additional penalties, fines, or forfeitures, provided

that the Santa Barbara County Board of Supervisors adopts a resolution stating that implementation of these provisions is necessary to the county for purposes of providing payment for emergency medical services.

(2) Existing law provides that payments for emergency medical services from the county emergency medical services fund shall be made only for emergency medical services provided on the calendar day on which emergency medical services are first provided and on the immediately following 2 calendar days, and specifies that payments may not be made for services provided beyond a 48-hour period of continuous service to the patient.

Existing law also provides that if it is necessary to transfer the patient to a 2nd facility providing a higher level of care for the treatment of the emergency condition, reimbursement shall be available for services provided at the facility to which the patient was transferred on the calendar day of transfer and on the immediately following 2 calendar days, and specifies that payments may not be made for services provided beyond a 48-hour period of continuous service to the patient.

This bill would, *until January 1, 2007*, eliminate the limitation against making those payments for services provided beyond a 48-hour period of continuous services to the patient.

(3) Existing law requires the clerk of the court to collect a fee from every person who is ordered or permitted to attend a traffic violator school or who attends any other court-supervised program of traffic safety instruction, and provides for the allocation of the fee. Existing law provides that any county that has established a Maddy Emergency Medical Services Fund shall deposit \$2 for every \$7 of additional penalties imposed by the courts for criminal offenses.

This bill would, *until January 1, 2007*, provide that the allocation of fees authorized by this bill for Santa Barbara County shall be deposited in that fund.

This bill would require the Board of Supervisors of Santa Barbara County to report to the Legislature whether, and to the extent that, actions are taken by the county to implement alternative local sources of funding, thereby imposing a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000



statewide and other procedures for claims whose statewide costs exceed \$1,000,000.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: ~~no~~ yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 76104.1 is added to the Government
2 Code, to read:
3 76104.1. (a) Notwithstanding any other provision of law, for
4 purposes of supporting emergency medical services pursuant to
5 Chapter 2.5 (commencing with Section 1797.98a) of Division 2.5
6 of the Health and Safety Code, in Santa Barbara County, a penalty
7 of five dollars (\$5.00) for every ten dollars (\$10.00), or fraction
8 thereof, shall be imposed on every fine, penalty, or forfeiture
9 collected for criminal offenses, including all offenses involving a
10 violation of the Vehicle Code or any local ordinance adopted
11 pursuant to the Vehicle Code, except parking offenses subject to
12 Article 3 (commencing with Section 40200) of Chapter 1 of
13 Division 17 of the Vehicle Code. This penalty assessment shall be
14 collected together with and in the same manner as the amount
15 established by Section 1464 of the Penal Code.
16 (b) Notwithstanding any other provision of law, for the
17 purposes of supporting emergency medical services pursuant to
18 Chapter 2.5 (commencing with Section 1797.98a) of Division 2.5
19 of the Health and Safety Code, in Santa Barbara County, for every
20 parking offense, as defined in subdivision (i) of Section 1463 of
21 the Penal Code, where a parking penalty, fine, or forfeiture is
22 imposed, an added penalty of two dollars and fifty cents (\$2.50)
23 shall be included in the total penalty, fine, or forfeiture, together
24 with and in the same manner as the amount established pursuant
25 to subdivision (b) of Section 76000.
26 (c) The moneys collected pursuant to this section shall be held
27 by the county treasurer in the same manner, and shall be payable
28 for the same purposes, described in subdivision (e) of Section
29 76104.



(d) This section shall be implemented only if the Santa Barbara County Board of Supervisors adopts a resolution stating that implementation of this section is necessary to the county for purposes of providing payment for emergency medical services.

(e) This section shall remain in effect only until January 1, 2007, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2007, deletes or extends that date.

SEC. 2. Section 1797.98e of the Health and Safety Code is amended to read:

1797.98e. (a) It is the intent of the Legislature that a simplified, cost-efficient system of administration of this chapter be developed so that the maximum amount of funds may be utilized to reimburse physicians and surgeons and for other emergency medical services purposes. The administering agency shall select an administering officer and shall establish procedures and time schedules for the submission and processing of proposed reimbursement requests submitted by physicians and surgeons. The schedule shall provide for disbursements of moneys in the Emergency Medical Services Fund on at least a quarterly basis to applicants who have submitted accurate and complete data for payment. When the administering agency determines that claims for payment for physician and surgeon services are of sufficient numbers and amounts that, if paid, the claims would exceed the total amount of funds available for payment, the administering agency shall fairly prorate, without preference, payments to each claimant at a level less than the maximum payment level. Each administering agency may encumber sufficient funds during one fiscal year to reimburse claimants for losses incurred during that fiscal year for which claims will not be received until after the fiscal year. The administering agency may, as necessary, request records and documentation to support the amounts of reimbursement requested by physicians and surgeons and the administering agency may review and audit the records for accuracy. Reimbursements requested and reimbursements made that are not supported by records may be denied to, and recouped from, physicians and surgeons. Physicians and surgeons found to submit requests for reimbursement that are inaccurate or unsupported by records may be excluded from submitting future requests for reimbursement. The administering officer shall not give preferential treatment to any facility, physician and surgeon,

1 or category of physician and surgeon and shall not engage in
2 practices that constitute a conflict of interest by favoring a facility
3 or physician and surgeon with which the administering officer has
4 an operational or financial relationship. A hospital administrator
5 of a hospital owned or operated by a county of a population of
6 250,000 or more as of January 1, 1991, or a person under the direct
7 supervision of that person, shall not be the administering officer.
8 The board of supervisors of a county or any other county agency
9 may serve as the administering officer. The administering officer
10 shall solicit input from physicians and surgeons and hospitals to
11 review payment distribution methodologies to ensure fair and
12 timely payments. This requirement may be fulfilled through the
13 establishment of an advisory committee with representatives
14 comprised of local physicians and surgeons and hospital
15 administrators. In order to reduce the county's administrative
16 burden, the administering officer may instead request an existing
17 board, commission, or local medical society, or physicians and
18 surgeons and hospital administrators, representative of the local
19 community, to provide input and make recommendations on
20 payment distribution methodologies.

21 (b) Each provider of health services that receives payment
22 under this chapter shall keep and maintain records of the services
23 rendered, the person to whom rendered, the date, and any
24 additional information the administering agency may, by
25 regulation, require, for a period of three years from the date the
26 service was provided. The administering agency shall not require
27 any additional information from a physician and surgeon
28 providing emergency medical services that is not available in the
29 patient record maintained by the entity listed in subdivision (f)
30 where the emergency medical services are provided, nor shall the
31 administering agency require a physician and surgeon to make
32 eligibility determinations.

33 (c) During normal working hours, the administering agency
34 may make any inspection and examination of a hospital's or
35 physician and surgeon's books and records needed to carry out the
36 provisions of this chapter. A provider who has knowingly
37 submitted a false request for reimbursement shall be guilty of civil
38 fraud.

39 (d) Nothing in this chapter shall prevent a physician and
40 surgeon from utilizing an agent who furnishes billing and

1 collection services to the physician and surgeon to submit claims
2 or receive payment for claims.

3 (e) All payments from the fund pursuant to Section 1797.98c
4 to physicians and surgeons shall be limited to physicians and
5 surgeons who, in person, provide onsite services in a clinical
6 setting, including, but not limited to, radiology and pathology
7 settings.

8 (f) All payments from the fund shall be limited to claims for
9 care rendered by physicians and surgeons to patients who are
10 initially medically screened, evaluated, treated, or stabilized in
11 any of the following:

12 (1) A basic or comprehensive emergency department of a
13 licensed general acute care hospital.

14 (2) A site that was approved by a county prior to January 1,
15 1990, as a paramedic receiving station for the treatment of
16 emergency patients.

17 (3) A standby emergency department that was in existence on
18 January 1, 1989, in a hospital specified in Section 124840.

19 (4) For the 1991–92 fiscal year and each fiscal year thereafter,
20 a facility which contracted prior to January 1, 1990, with the
21 National Park Service to provide emergency medical services.

22 (g) Payments shall be made only for emergency medical
23 services provided on the calendar day on which emergency
24 medical services are first provided and on the immediately
25 following two calendar days.

26 (h) Notwithstanding subdivision (g), if it is necessary to
27 transfer the patient to a second facility providing a higher level of
28 care for the treatment of the emergency condition, reimbursement
29 shall be available for services provided at the facility to which the
30 patient was transferred on the calendar day of transfer and on the
31 immediately following two calendar days.

32 (i) Payment shall be made for medical screening examinations
33 required by law to determine whether an emergency condition
34 exists, notwithstanding the determination after the examination
35 that a medical emergency does not exist. Payment shall not be
36 denied solely because a patient was not admitted to an acute care
37 facility. Payment shall be made for services to an inpatient only
38 when the inpatient has been admitted to a hospital from an entity
39 specified in subdivision (f).

(j) The administering agency shall compile a quarterly and yearend summary of reimbursements paid to facilities and physicians and surgeons. The summary shall include, but shall not be limited to, the total number of claims submitted by physicians and surgeons in aggregate from each facility and the amount paid to each physician and surgeon. The administering agency shall provide copies of the summary and forms and instructions relating to making claims for reimbursement to the public, and may charge a fee not to exceed the reasonable costs of duplication.

(k) Each county shall establish an equitable and efficient mechanism for resolving disputes relating to claims for reimbursements from the fund. The mechanism shall include a requirement that disputes be submitted either to binding arbitration conducted pursuant to arbitration procedures set forth in Chapter 3 (commencing with Section 1282) and Chapter 4 (commencing with Section 1285) of Part 3 of Title 9 of the Code of Civil Procedure, or to a local medical society for resolution by neutral parties.

~~SEC. 3. Section 42007 of the Vehicle Code is amended to read:~~

~~42007. (a) The clerk of the court shall collect a fee from every person who is ordered or permitted to attend a traffic violator school pursuant to Section 42005 or who attends any other court-supervised program of traffic safety instruction. The fee shall be in an amount equal to the total bail set forth for the eligible offense on the uniform countywide bail schedule. As used in this subdivision, "total bail" means the amount established pursuant to Section 1269b of the Penal Code in accordance with the Uniform Statewide Bail Schedule adopted by the Judicial Council, including all assessments, surcharges, and penalty amounts. Where multiple offenses are charged in a single notice to appear, the "total bail" is the amount applicable for the greater of the qualifying offenses. However, the court may determine a lesser fee under this subdivision upon a showing that the defendant is unable to pay the full amount.~~

~~The fee shall not include the cost, or any part thereof, of traffic safety instruction offered by the school or other program.~~

~~(b) Revenues derived from the fee collected under this section shall be deposited in accordance with Section 68084 of the~~

1 Government Code in the general fund of the county and, as may
2 be applicable, distributed as follows:

3 (1) In any county in which a fund is established pursuant to
4 Section 76100 or 76101 of the Government Code, the sum of one
5 dollar (\$1) for each fund so established shall be deposited with the
6 county treasurer and placed in that fund.

7 (2) Except as provided in paragraph (3), any county that has
8 established a Maddy Emergency Medical Services Fund pursuant
9 to Section 1797.98a of the Health and Safety Code, an amount
10 equal to the sum of each two dollars (\$2) for every seven dollars
11 (\$7) that would have been collected pursuant to Section 76000 of
12 the Government Code shall be deposited in that fund. Nothing in
13 the act that added this paragraph shall be interpreted in a manner
14 that would result in either of the following:

15 (A) The utilization of penalty assessment funds that had been
16 set aside, on or before January 1, 2000, to finance debt service on
17 a capital facility that existed before January 1, 2000.

18 (B) The reduction of the availability of penalty assessment
19 revenues that had been pledged, on or before January 1, 2000, as
20 a means of financing a facility which was approved by a county
21 board of supervisors, but on January 1, 2000, is not under
22 construction.

23 (3) In

24 (1) This section shall remain in effect only until January 1,
25 2007, and as of that date is repealed, unless a later enacted statute,
26 that is enacted before January 1, 2007, deletes or extends that date.

27 SEC. 3. Section 1797.98e is added to the Health and Safety
28 Code, to read:

29 1797.98e. (a) It is the intent of the Legislature that a
30 simplified, cost-efficient system of administration of this chapter
31 be developed so that the maximum amount of funds may be utilized
32 to reimburse physicians and surgeons and for other emergency
33 medical services purposes. The administering agency shall select
34 an administering officer and shall establish procedures and time
35 schedules for the submission and processing of proposed
36 reimbursement requests submitted by physicians and surgeons.
37 The schedule shall provide for disbursements of moneys in the
38 Emergency Medical Services Fund on at least a quarterly basis to
39 applicants who have submitted accurate and complete data for
40 payment. When the administering agency determines that claims

1 for payment for physician and surgeon services are of sufficient
2 numbers and amounts that, if paid, the claims would exceed the
3 total amount of funds available for payment, the administering
4 agency shall fairly prorate, without preference, payments to each
5 claimant at a level less than the maximum payment level. Each
6 administering agency may encumber sufficient funds during one
7 fiscal year to reimburse claimants for losses incurred during that
8 fiscal year for which claims will not be received until after the
9 fiscal year. The administering agency may, as necessary, request
10 records and documentation to support the amounts of
11 reimbursement requested by physicians and surgeons and the
12 administering agency may review and audit the records for
13 accuracy. Reimbursements requested and reimbursements made
14 that are not supported by records may be denied to, and recouped
15 from, physicians and surgeons. Physicians and surgeons found to
16 submit requests for reimbursement that are inaccurate or
17 unsupported by records may be excluded from submitting future
18 requests for reimbursement. The administering officer shall not
19 give preferential treatment to any facility, physician and surgeon,
20 or category of physician and surgeon and shall not engage in
21 practices that constitute a conflict of interest by favoring a facility
22 or physician and surgeon with which the administering officer has
23 an operational or financial relationship. A hospital administrator
24 of a hospital owned or operated by a county of a population of
25 250,000 or more as of January 1, 1991, or a person under the direct
26 supervision of that person, shall not be the administering officer.
27 The board of supervisors of a county or any other county agency
28 may serve as the administering officer. The administering officer
29 shall solicit input from physicians and surgeons and hospitals to
30 review payment distribution methodologies to ensure fair and
31 timely payments. This requirement may be fulfilled through the
32 establishment of an advisory committee with representatives
33 comprised of local physicians and surgeons and hospital
34 administrators. In order to reduce the county's administrative
35 burden, the administering officer may instead request an existing
36 board, commission, or local medical society, or physicians and
37 surgeons and hospital administrators, representative of the local
38 community, to provide input and make recommendations on
39 payment distribution methodologies.

(b) Each provider of health services that receives payment under this chapter shall keep and maintain records of the services rendered, the person to whom rendered, the date, and any additional information the administering agency may, by regulation, require, for a period of three years from the date the service was provided. The administering agency shall not require any additional information from a physician and surgeon providing emergency medical services that is not available in the patient record maintained by the entity listed in subdivision (f) where the medical services are provided, nor shall the administering agency require a physician and surgeon to make eligibility determinations.

(c) During normal working hours, the administering agency may make any inspection and examination of a hospital's or physician and surgeon's books and records needed to carry out the provisions of this chapter. A provider who has knowingly submitted a false request for reimbursement shall be guilty of civil fraud.

(d) Nothing in this chapter shall prevent a physician and surgeon from utilizing an agent who furnishes billing and collection services to the physician and surgeon to submit claims or receive payment for claims.

(e) All payments from the fund pursuant to Section 1797.98c to physicians and surgeons shall be limited to physicians and surgeons who, in person, provide onsite services in a clinical setting, including, but not limited to, radiology and pathology settings.

(f) All payments from the fund shall be limited to claims for care rendered by physicians and surgeons to patients who are initially medically screened, evaluated, treated, or stabilized in any of the following:

(1) A basic or comprehensive emergency department of a licensed general acute care hospital.

(2) A site that was approved by a county prior to January 1, 1990, as a paramedic receiving station for the treatment of emergency patients.

(3) A standby emergency department that was in existence on January 1, 1989, in a hospital specified in Section 124840.

(4) For the 1991–92 fiscal year and each fiscal year thereafter, a facility which contracted prior to January 1, 1990, with the National Park Service to provide emergency medical services.

1 (g) Payments shall be made only for emergency services
2 provided on the calendar day on which emergency medical
3 services are first provided and on the immediately following two
4 calendar days, however, payments may not be made for services
5 provided beyond a 48-hour period of continuous service to the
6 patient.

7 (h) Notwithstanding subdivision (g), if it is necessary to
8 transfer the patient to a second facility providing a higher level of
9 care for the treatment of the emergency condition, reimbursement
10 shall be available for services provided at the facility to which the
11 patient was transferred on the calendar day of transfer and on the
12 immediately following two calendar days, however, payments may
13 not be made for services provided beyond a 48-hour period of
14 continuous service to the patient.

15 (i) Payment shall be made for medical screening examinations
16 required by law to determine whether an emergency condition
17 exists, notwithstanding the determination after the examination
18 that a medical emergency does not exist. Payment shall not be
19 denied solely because a patient was not admitted to an acute care
20 facility. Payment shall be made for services to an inpatient only
21 when the inpatient has been admitted to a hospital from an entity
22 specified in subdivision (f).

23 (j) The administering agency shall compile a quarterly and
24 year end summary of reimbursements paid to facilities and
25 physicians and surgeons. The summary shall include, but shall not
26 be limited to, the total number of claims submitted by physicians
27 and surgeons in aggregate from each facility and the amount paid
28 to each physician and surgeon. The administering agency shall
29 provide copies of the summary and forms and instructions relating
30 to making claims for reimbursement to the public, and may charge
31 a fee not to exceed the reasonable costs of duplication.

32 (k) Each county shall establish an equitable and efficient
33 mechanism for resolving disputes relating to claims for
34 reimbursements from the fund. The mechanism shall include a
35 requirement that disputes be submitted either to binding
36 arbitration conducted pursuant to arbitration procedures set forth
37 in Chapter 3 (commencing with Section 1282) and Chapter 4
38 (commencing with Section 1285) of Part 3 of Title 9 of the Code
39 of Civil Procedure, or to a local medical society for resolution by
40 neutral parties.

1 *(1) This section shall become operative January 1, 2007.*

2 *SEC. 4. Section 42007.5 is added to the Vehicle Code, to read:*

3 *42007.5. (a) Notwithstanding paragraph (2) of subdivision*
4 *(a) of Section 42007, in Santa Barbara County, upon the*
5 *establishment of a Maddy Emergency Medical Services Fund*
6 *pursuant to Section 1797.98a of the Health and Safety Code, the*
7 *amount that would have been collected pursuant to Section*
8 *76104.1 of the Government Code shall be deposited in that fund.*
9 *the Maddy Emergency Medical Services Fund established by the*
10 *county pursuant to Section 1797.98a of the Health and Safety*
11 *Code.*

12 *(b) The Board of Supervisors of the County of Santa Barbara*
13 *shall report to the Legislature whether, and to the extent that, any*
14 *actions are taken by the County of Santa Barbara to implement*
15 *alternative local sources of funding.*

16 *(c) This section shall remain in effect only until January 1,*
17 *2007, and as of that date is repealed, unless a later enacted statute,*
18 *that is enacted before January 1, 2007, deletes or extends that date.*

19 ~~*(4) The amount of the fee that is attributable to Section 70372*~~
20 ~~*of the Government Code shall be transferred pursuant to*~~
21 ~~*subdivision (f) of that section.*~~

22 ~~*(e) For fees resulting from city arrests, an amount equal to the*~~
23 ~~*amount of base fines that would have been deposited in the*~~
24 ~~*treasury of the appropriate city pursuant to paragraph (3) of*~~
25 ~~*subdivision (b) of Section 1463.001 of the Penal Code shall be*~~
26 ~~*deposited in the treasury of the appropriate city.*~~

27 ~~*(d) As used in this section, "court-supervised program"*~~
28 ~~*includes, but is not limited to, any program of traffic safety*~~
29 ~~*instruction the successful completion of which is accepted by the*~~
30 ~~*court in lieu of adjudicating a violation of this code.*~~

31 ~~*(e) The Judicial Council shall study the minimum eligibility*~~
32 ~~*criteria governing drivers seeking to attend traffic violator's*~~
33 ~~*school, and report to the Legislature on the advisability of uniform*~~
34 ~~*statewide criteria on or before January 1, 1993.*~~

35 ~~*(f) The clerk of the court, in a county that offers traffic school*~~
36 ~~*shall include in any courtesy notice mailed to a defendant for an*~~
37 ~~*offense that qualifies for traffic school attendance the following*~~
38 ~~*statement:*~~

39

1 ~~NOTICE: If you are eligible and decide not to attend traffic~~
2 ~~school your automobile insurance may be adversely affected.~~

3
4 ~~SEC. 4.—~~

5 *SEC. 5.* The Legislature finds and declares that due to unique
6 circumstances regarding emergency medical services in Santa
7 Barbara County, a general statute cannot be made applicable
8 within the meaning of Section 16 of Article IV of the California
9 Constitution. Therefore, the special legislation contained in
10 Section 1 of this act is necessarily applicable only to Santa Barbara
11 County.

12 *SEC. 6.* *Notwithstanding Section 17610 of the Government*
13 *Code, if the Commission on State Mandates determines that this*
14 *act contains costs mandated by the state, reimbursement to local*
15 *agencies and school districts for those costs shall be made*
16 *pursuant to Part 7 (commencing with Section 17500) of Division*
17 *4 of Title 2 of the Government Code. If the statewide cost of the*
18 *claim for reimbursement does not exceed one million dollars*
19 *(\$1,000,000), reimbursement shall be made from the State*
20 *Mandates Claims Fund.*

